

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Card.

Health Department, City of Baltimore.

1810 Office of Registrar of Vital Statistics. Ward 54

Permit No. A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

03

CERTIFICATE OF DEATH.

Date of Death,

July 28th 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Karl Schwartz.

Sex, Male or Female, { Cross out the word not required in this line. }

Male.

Age,

28 Years,

11 Months,

21 Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Baker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Wirsingen Baden.

Duration of Residence in the City of Baltimore,

5 years

Place of Death, { Give Street and Number. }

934 N. Central Ave.

Cause of Death, { First (Primary),

Typhoid Fever

Second (Immediate),

Asthenia

Duration of Last Sickness,

One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 30, 1887.

S. E. Sloane

M. D.

Undertaker, H. Hoffmann

Medical Attendant.

Place of Business, 211 W. Eads

Address,

Caroline & Testi

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. A 811 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, July 29 1887

Full Name of Deceased, Written legibly and spell correctly. If an Infant not named, give names of parents. John Draine

Sex, Male or Female, Cross out the word not required in this line. Male

Age, 34 Years, Months, Days.

Color, W

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation, Plasterer

Birth Place, State or country, and how long in the United States, if of foreign birth. District Columbia

Duration of Residence in the City of Baltimore, 34 yrs

Place of Death, Give Street and Number. St. Joe Hospital

Cause of Death, First (Primary), Second (Immediate), Anurism Aorta, Syncope

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Most Holy Redeemer

Date of Burial, July 30 1887

Undertaker, Responsible for the care of the body. Oscar Coston M. D.

Place of Business, No 8 Central Ave Address, 624 in Church

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. *A/812* Office of Registrar of Vital Statistics. Ward *15*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

July 28 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Travers

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

10

Months,

Black -

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Dorchester County, Md.

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

2 months

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

9 1/2 Peach Alley

Cholera Infantum

Cause of Death, { First (Primary),

5 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, *Sharp Street Cemetery*

Date of Burial, *July 29 1887*

Undertaker, *W. C. C. Ross*

Place of Business, *404 Conway*

J. F. White M. D.

Medical Attendant.

L. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. A 1813

Office of Registration of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

July 28/81.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

George Fowle

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Day

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Baltimore

Place of Death, { Give Street and Number. }

238 W. York St.

Cause of Death, { First (Primary),
Second (Immediate), }Fulathing -
Convulsions

1 month.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Shank at Cem~~

J. P. White M.D.

Date of Burial, July 30th 81

Medical Attendant.

Undertaker, Gorrell & Handley

S. Dispensary

Place of Business, 416 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No.

1814

Office of Registrar of Vital Statistics.

Ward

4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death,

July 28th 1884
Jacob Bender

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line.

Age, 39 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation, Hair Confectioner

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, { Give Street and Number.

President St near Pratt

Cause of Death, { First (Primary), Excessive heat

Second (Immediate), Congestion of Brain

Duration of Last Sickness, Two hours

All the above information should be furnished by the Physician.

Place of Burial, Reformed W. Park Cemetery

Date of Burial, July 30th 1884

Undertaker, John Schmid

M. D.

Medical Attendant.

Place of Business, 735 Alice Street, address, 403 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A

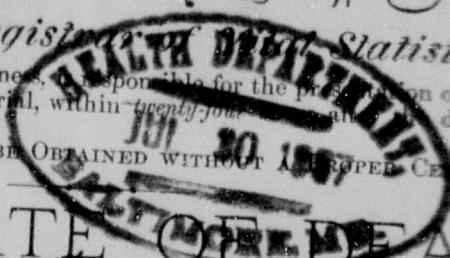
1815

Office of Registrar of Vital Statistics.

Ward 20⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A SIGNED CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Benj. C. Hale

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26

Years,

Months,

Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

✓

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

West River Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. }

1814 Shields Alley

Cause of Death, { First (Primary),

Athosis Premon

Second (Immediate),

Typhoid Fever

11 mo

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 29th 1887

{ Undertaker, Creeper Ross

{ Place of Business, 404 Cornwag St Address, 2111 Dr Paul St Ed

W. E. Burgess

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

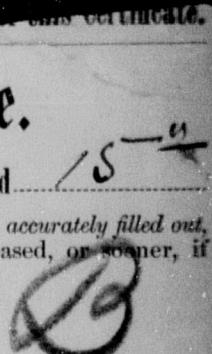
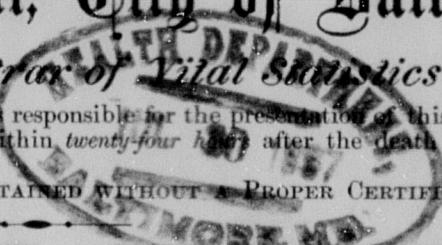
[OVER.]

Health Department, City of Baltimore.

Permit No. A 1816 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

July 29 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mardie Wheeler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 9 Months, 19 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

911 S. Howard St,

Cause of Death, { First (Primary),
Second (Immediate), }Diarrhoea
Bronchitis

Duration of Last Sickness,

1 week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

J. D. White M. D.

Date of Burial, July 30 1887

Medical Attendant.

{ Undertaker, Hercules Ross }

{ Place of Business, 404 Conway St Address, C. P. Dispensary }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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Health Department, City of Baltimore.

Permit No. A 1817

Office of Registrar of Vital Statistics.

Ward 16⁴

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CB

CERTIFICATE OF DEATH.

Date of Death,

July 28-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Leanna Ware

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 — Years, Months, Days.

Color,

Dark

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Washerwoman

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

524 Weymsh.

Cause of Death, { First (Primary),

Purpura Convolvion

Second (Immediate),

3 Days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp Cemetery

Date of Burial, July 31 1887

{ Undertaker, Hercules Ross

J. Taylor Smith M. D.

Medical Attendant.

{ Place of Business, 404 Leavenworth

Address, 608 Columbia Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. A 1818 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Adams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 10 Years, Months, Days.

Color, C

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Bkt. Co

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Co

Duration of Residence in the City of Baltimore, 7 mo

Place of Death, { Give Street and Number. } 209 Prince St

Cause of Death, { First (Primary), Second (Immediate), } Dysentery

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sherpe & Cemetery

Date of Burial, July 30 1887

Undertaker, William Drury

Place of Business, 150 East St

Address, 763 W. Fayette

O. W. Neff M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1819

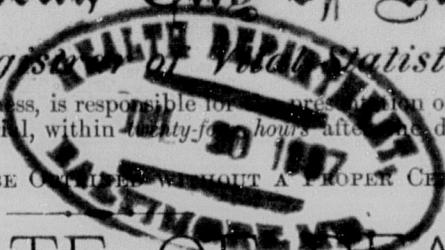
Office of Registration of Vital Statistics.

Ward

5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, July 29th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah McLaughlin

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 16 Years, 8 Months, 0 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 534 Chestnut St

Cause of Death, { First (Primary), Diphtheria Second (Immediate), Exhaustion }

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, July 31st 1887

Undertaker, John O'Byrne

Place of Business, 302 N Gay

Geo D. Reynolds M. D.

Medical Attendant.

112 Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]